

Office of Statewide Health Planning and Development
Internet Hospital Quarterly Reporting System

ELECTRONIC QUARTERLY REPORTING CERTIFICATION

I, _____, on behalf of _____,
(Name of Administrator or Designee) (Name of Hospital *)

certify under penalty of perjury as follows: that I am duly authorized to sign this certification; that, as applicable, the Office of Statewide Health Planning and Development's (OSHDP) hospital accounting and reporting system, as set forth in the Office's *Accounting and Reporting Manual for California Hospitals*, has been implemented by the hospital and that the data reported to OSHDP will be based on that system; that any Hospital Quarterly Financial and Utilization Report data filed using the Internet Hospital Quarterly Reporting System (IHQRS) will be a true, correct and complete reflection of the information on the hospital's books and records for the quarter being reported.

In so certifying, I am aware: (1) that this Certification is required by OSHDP in lieu of submitting such a certification each quarter; (2) that the quarterly report is due within 45 days after the end of each calendar quarter, unless an extension has been approved by OSHDP; (3) that OSHDP is not responsible for the late filing of reports which cannot be submitted electronically due to the failure of the OSHDP IHQRS, for whatever reason; and (4) that OSHDP is not responsible for unauthorized use of the IHQRS to transmit quarterly report data to the Office.

Dated _____

By _____
(Signature of Administrator or Designee)

Title _____

Address _____

The Electronic Quarterly Reporting Certification must be completed and sent to OSHDP before submitting data using OSHDP's IHQRS software. An updated form must be submitted if there is a change in administrator or designee. Send the completed form with an original signature to:

Patricia Burritt
Office of Statewide Health Planning and Development
Accounting and Reporting Systems Section
818 K Street, Room 400
Sacramento, CA 95814

Contact Information

Phone (916) 323-0875

FAX (916) 323-7675

E-mail pburritt@oshpd.state.ca.us

* If certification is requested for multiple hospitals, please attach a list of those hospitals. Be sure to indicate the OSHDP Facility Number for each hospital.

(For OSHDP use only)

Date Received:	Date Approved:	By:
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(IHQRS_Cert 1/00)